

CONTRACT PERIOD THROUGH JULY 31, 2003

TO: All Departments

FROM: Department of Materials Management

SUBJECT: Contract for **TEMPORARY MIDDLELEVEL MEDICAL PERSONNEL - MCDPH**

Attached to this letter is published an effective purchasing contract for products and/or services to be supplied to Maricopa County activities as awarded by Maricopa County on **JULY 25, 2001.**

All purchases of products and/or services listed on the attached pages of this letter are to be obtained from the vendor holding the contract. Individuals are responsible to the vendor for purchases made outside of contracts. The contract period is indicated above.

Wes Baysinger, Director
Materials Management

SF/mm
Attach

Copy to: Clerk of the Board
Sherry Stotler, Public Health
Sharon Tohtsoni, Materials Management

SPECIFICATIONS ON INVITATION FOR BID FOR: **TEMPORARY MIDDLELEVEL MEDICAL
PERSONNEL-MCDPH**

1.0 **INTENT:**

The intent of this Invitation for Bids is to establish contractors of record and a pricing agreement for temporary midlevel personnel for the Maricopa County Department of Public Health. The resultant pricing agreement will be awarded for a two (2) year period. Participants should understand that services to be provided will be performed at various locations and that all providers are subject to numerous regulations to ensure the health and safety of both the provider(s) and the patient(s). Primary and secondary awards may be made to allow MCDPH greatest flexibility in the best interests of Maricopa County. The County reserves the right to add contractors to the resultant price agreement as is deemed appropriate to best meet the needs of the County. This is a requirements contract. No services shall be provided without a valid purchase order.

2.0 **TECHNICAL SPECIFICATIONS:**

2.1 BACKGROUND

- 2.1.1 Maricopa County uses Allied Health Professionals and personnel from temporary agencies to supplement County staff when census and activity is high and adequate staff is unavailable.

2.2 DEFINITIONS

As used throughout this Contract, the following terms shall have the meanings set forth herein:

- 2.2.1 "Allied Health Professionals" refers to all staff that supports and/or provides clinical or health care services.
- 2.2.2 "Clean Claim" means one that can be processed without obtaining additional information from the provider of the service from a third party. It does not include a claim from a provider who is under investigation for fraud or abuse.
- 2.2.3 "County" means Maricopa County.
- 2.2.4 "Funding Source" means any Federal, State, or Private Agency funding source which may impose conditions on the funding that will be passed on to the Contractor.
- 2.2.5 "Health Certificate" means a written document or series of documents on file with the Contractor and/ or Public Health which acknowledges the following:
 - 2.2.5.1 Documentation of annual tuberculosis skin test or documented history of a previous positive reaction on file.
 - 2.2.5.1.1 For non-reactors, an annual TB skin test.
 - 2.2.5.1.2 For reactors, a documented statement from a health care provider that they are asymptomatic for TB.
 - 2.2.5.2 Also, if the person will be working in an area with a high risk for TB exposure he/she will require a fit test - mask

2.2.5.3 CPR update (annually).

2.2.5.4 Either reactive Rubella Titre or Rubella Vaccine.

2.2.5.5 Contractor must offer HB Vaccine. Immunity status must be on file. The Contractor must have a signed statement from any staff member who is not immune and refuses the vaccine.

2.2.5.6 Immune status to Rubeola: If born before 1-1-1951, a clear diagnosis of disease is sufficient. If born 1-1-1951 to 1-1-1957, one documented MMR given after 1970 or Rubella Titre is sufficient. If born after 1-1-1957, two documented MMR given after 1970 or Rubella Titre is sufficient.

2.2.6 “Maricopa Medical Center” means the hospital and surrounding campus located at 2601 East Roosevelt, Phoenix, AZ 85008

2.2.7 “MCSO” means Maricopa County Sheriff’s Office.

2.2.8 “Proper Identification” means a name badge with a picture, which includes full name, status, and name of Contractor. While on duty, the badge must be worn at all times on the upper part of the body.

2.2.9 “Public Health (PHD)” means a department of Maricopa County that provides various health care professional services to the public, both in and out of County facilities.

2.2.10 “Service Time” means time spent on the assignment. Travel time to and from the assignment is not included.

2.3 ADDITIONAL REFERENCE INFORMATION

2.3.1 PHD – Division of PHCS the address is 1825 E. Roosevelt Phoenix Az 85006, hours 8 – 5pm, population served the people of Maricopa County. The individual may also work in the field – home, agency, employers, etc. visits.

2.4 PHD RESPONSIBILITIES

PHD requires staffing – generally on an emergency basis with little if any advance notification prior to need.

2.4.1 PHD will provide the Contractor the following information, per assignment:

2.4.1.1 Designation of personnel needed.

2.4.1.2 Location of assignment including address and telephone number.

2.4.1.3 Shift hours. Personnel will be required to work shifts and locations as specified by PHD, based on operational needs. Field activity may be a requirement at times – personnel may be required to deliver medications or collect specimens, or administer and read skin tests etc. Contractor staff reimbursed for miles traveled on County business at the County set mileage reimbursement rate.

2.4.1.4 Requested date of assignment.

2.4.1.5 Sign in/sign out procedures.

Shall have TB, and adult immunizations up to date and fitted to wear a N97 or higher mask for when working with TB patients. Also, should present with current nursing license or certification if is a MA, also shall possess a current AZ drivers license.

2.5 CONTRACTOR RESPONSIBILITIES

2.5.1 Assure that personnel provided is qualified and will meet the job classification, education, and experience requirements.

2.5.2 Assure valid licensing, certification, immunization, and screening of Contractor personnel.

2.5.3 Administer a required random drug test program for all Contractor personnel.

2.5.4 Comply with exposure control and OSHA standards. Contractor must be in compliance with OSHA regulations regarding Blood Borne and Airborne Pathogens.

2.5.5 When notified by the County that a Contractor's employee has been determined to not be able to perform assigned duties in a safe manner, the Contractor will assume responsibility for the employee when released from duty. The charges for the hours worked will be absorbed by the Contractor agency and the County will not be billed.

2.5.6 If a Contractor's employee is injured while working at a or PHD site, or has a significant bodily fluid exposure, the PHD Shift Supervisor or Nurse Manager is to be notified. The Contractor's employee should notify the Contractor, who shall be responsible for processing and handling injury claims for their staff.

2.5.7 Have a staff member available to receive calls 24 hours per day for PHD at minimum by 6am each day.

2.5.8 Make every reasonable effort to replace personnel who call off or do not show up for a scheduled shift. Reliable staffing patterns will be considered in utilizing contract agencies by PHD.

2.5.9 Comply with PHD policy, procedures, and security regulations.

2.5.10 For every new placement with PHD, the Contractor agrees to provide the following documentation:

2.5.10.1 Complete formal name, date of birth, and/or social security number.

2.5.10.2 A copy of a current Arizona professional license and/or certification.

2.5.10.3 Years of job-related experience.

2.5.10.4 A copy of a current CPR card with documentation of an annual review or retake, as applicable.

2.5.10.5 A copy of a current BLS card, as applicable.

- 2.5.10.6 A copy of a current ACLS card, as applicable.
- 2.5.10.7 Documentation verifying annual PPD testing/results and that the Contractor's employee has completed fit testing as outlined in the OSHA Airborne Pathogen Standard.
- 2.5.11 Retain on file and have available for and PHD review, upon request, the following documentation:
 - 2.5.11.1 Employee attendance at fire, safety, infection control, and hazardous waste classes, as applicable.
 - 2.5.11.2 Documentation of all annual OSHA training.
 - 2.5.11.3 Documentation of random drug test screening.
 - 2.5.11.4 Documentation of a completed criminal record background check.
 - 2.5.11.5 Complete resume, including work history and a minimum of two references.
 - 2.5.11.6 Annual evaluation(s) pertaining to job performance, including relevant competency testing.
- 2.6 REQUIREMENTS OF CONTRACTOR'S PERSONNEL - PHD
 - 2.6.1 General Requirements
 - 2.6.1.1 Provide health care services within the scope of practice, maintaining applicable guidelines for care, statutes, standards, and regulations set forth by State laws from licensing bodies.
 - 2.6.1.2 Act as client advocate to preserve their autonomy, confidentiality, and dignity.
 - 2.6.1.3 Apply a systematic, organized approach to completion of assignments and assist others to do the same.
 - 2.6.1.4 Complete documentation on appropriate forms per PHD policy and procedures.
 - 2.6.1.5 Notify the Shift Supervisor or Nurse Manager and respective Contract employer if injured while in a PHD facility.
 - 2.6.1.6 Wear the required issued picture identification while in the PHD facility and on duty.
 - 2.6.1.7 Present, upon request, a copy of his or her Arizona professional license and current CPR card.
 - 2.6.1.8 Comply with the PHD dress code while working per assignment in a PH (or in the field) facility

- 2.6.1.9 If the Contractor's employee "abandons" their assignment, without the approval of the PHD Unit Manager, Shift Supervisor, or Nurse Manager shall notify the Contractor and the contractor will not be paid for duty hours worked.

2.7 SPECIFIC REQUIREMENTS

The requirements and duties listed are meant to describe the general scope of practice and are not meant to be all-inclusive. Contract employees are expected to perform the full scope of duties specified by law.

- 2.7.1 **DENTAL ASSISTANT** – Assist the dentist in providing general dental services. Accurately completes the daily sharps and instrument inventory at the beginning and end of each workday. Triage all clients scheduled to be seen by the dentist. Takes dental x-rays as directed by the dentist. Documents activities and procedures in dental records
- 2.7.2 **LICENSED PRACTICAL NURSE** – Administers medications, injections, patient care treatments and completes and/or assists with procedures, including resuscitation, first aid, and basic life support. Will document and notify RN in charge of patients condition or any changes observed during work shift. The LPN shall collect blood specimens through venipuncture. The LPN shall also collect urine, stool, sputum specimens, etc. The individual may deliver medication or collect specimens outside of the clinic setting, as assigned. A Shall possess current BLS certificate. All information that the person comes in contact with shall be kept confidential and must not leave the work site.
- 2.7.3 **MEDICAL ASSISTANT** – Prepares patients for examination and treatment, takes patient history, vital signs, and records chief complaints. Performs office procedures, tests, and examinations. Maintains adequate supplies for exam/procedure rooms. Transcribes provider orders, schedule return appointments. Performs venipunctures and labtests as trained by PHD. Contribute to teamwork and unit organization. Be capable of documenting care provided to the patient. Shall possess current BLS certificate. All information that the person comes in contact with shall be kept confidential and must not leave the work site.
- 2.7.4 **MEDICAL RECORDS CLERK/TECHNICIAN** – Process requests for release of medical record information. Handles various telephone inquiries. Retrieval of medical records. File active and inactive medical records. Purge inactive medical records. Process abnormal lab results, order supplies, and performs other duties as assigned. All information that the person comes in contact shall be kept confidential and must not leave the work site.
- 2.7.5 **MEDICAL SECRETARY** – Required to input patient information. Must be computer literate; proficient in MS Word; typing 70 wpm. Assemble and disassemble and maintain medical records. Takes off provider orders, completes forms, and requisitions, files, locates and retrieves charts. Answers phone, takes messages, provides information to physicians, nurses, medical/nursing assistants, and patient care assistants. Contribute to teamwork. All information that the person comes in contact with shall be kept confidential and must not leave the work site.

- 2.7.6 NURSING ASSISTANT – Prepares patients for examination and treatment. Takes patient history vital signs, and records chief complaints. Performs office procedures. Maintains adequate supplies for exam/procedure rooms. Be capable of documenting care provided to the patient.. Contribute to teamwork. Shall possess current BLS certification. All information that the person comes in contact with shall be kept confidential and must not leave the work site.
- 2.7.7 PATIENT CARE ASSISTANT – Assist provider and nursing staff. Maintain unit logs and records. Be capable of documenting care provided to the patient.. Maintain adequate supplies for exam/procedure rooms. Shall be computer literate – proficient in MS Word. Assemble, disassemble, and maintain medical records. Take off provider orders. Perform venipuncture for labs and prepare specimens. Maintains lab area. Shall possess current BLS certificate. All information that the person comes in contact with shall be kept confidential and shall not leave the work site.
- 2.7.8 PHARMACIST – Dispense and fill medication orders written by PH practitioners and practitioners from the community serving the Ryan White patients. All information that the person comes in contact with shall be kept confidential and shall not leave the work site.
- 2.7.9 PHARMACY TECHNICIAN – Assist the pharmacist in the processing and filling of medication orders. Must be familiar with various medications, their proper does, use, and contraindications. Must be computer literate. All information that the person comes in contact with shall be kept confidential and shall not leave the work site.
- 2.7.10 RADIOLOGY TECHNICIAN – Take medical x-rays of good quality, ordered by medical providers. Must be familiar with various x-ray techniques and be able to process and develop exposed x-rays. All information that the person comes in contact with shall be kept confidential and shall not leave the work site.
- 2.7.11 REGISTERED NURSE (Medical) – Perform client assessments, implement plan of care, initiate interventions, evaluation intervention outcome and report change of client condition to appropriate person(s). Administer medications and injections and complete and/or assist with procedures, including resuscitation, first aid and basic life support. . Obtain lab specimens through venipuncture. Document assessments and evaluations. Contribute to teamwork. The person shall be capable of working in a clinic and field setting. All information that the person comes in contact with shall be kept confidential and shall not leave the work site. Individual shall possess a current CPR certification.

2.8 PHD COMPENSATION

2.8.1 POLICY GUIDELINES

- 2.8.1.1 Maricopa County will only compensate in accordance with the terms and conditions specified in this contract and at the specified contract rate.
- 2.8.1.2 Maricopa County reserves the right to deny payment for any incomplete Contractor timesheets.

- 2.8.1.3 Contractor assumes sole and exclusive responsibility for payment of any federal and state income taxes, Social Security taxes, and other mandatory governmental deductions or obligations. Contractor shall indemnify and hold Maricopa County harmless for any and all liability, which the Contractor may incur because of Contractor's failure to pay such taxes or obligations.
- 2.8.1.4 Maricopa County agrees to provide one-hour advance notice of cancellation without any penalty or expense. If Contractor's employee is sent home due to overbooking of shifts, CHS or PH will only reimburse up to a maximum of two hours of travel time, paid at the specified rate.
- 2.8.1.5 All PHD overtime must have prior approval by the PHD supervisor or nurse/program manager. Overtime will only be paid at a rate of one and on half (1-1/2) times the regular contracted rate and will be calculated on hours, in excess of forty (40) hours worked, in a or PHD facility, according to the work week of Sunday through Saturday.
- 2.8.1.6 PHD shall not pay for breaks or lunch not taken by the contractor's staff. The PHD policy is that breaks are taken only as time allows. If breaks are not taken due to patient load or individual's preference the time not reimbursable. The PHD lunch policy for contractor's staff is one hour lunch period which shall be taken between 11:00am – 2:00pm. The contractor's staff shall schedule his/her lunch in collaboration with the nurse/program manager or PHD supervisor. Over time requires prior approval by onsite supervisor.
- 2.8.1.7 PHD Sign In/Sign Out Policy
 - 2.8.1.7.1 All Contractor's staff must sign in and out with the designated nurse/program manager or supervisor. The temporary staff shall be introduced to the individual responsible for approving their work time while working in PHD.
 - 2.8.1.7.2 If the Contractor's employee signs in seven minutes after the start of his or her shift, the invoice will be adjusted to reduce payment by ¼ hour. If the Contractor's employee signs out seven minutes before the end of his or her shift, the invoice will be adjusted to reduce payment by ¼ hour.

Contractor employees who are released from duty due to overbooking must still sign in and sign out with the nurse manager or supervisor of the unit.
 - 2.8.1.7.3 Invoices may be adjusted to be in agreement with PHD sign in and out document.
- 2.8.1.8 Holiday pay will be allowed when the Contractor's employee works the following Holidays only: New Years Day (January 1); Memorial Day; Independence Day (July 4); Thanksgiving; and Christmas (December 25). Holiday rates will be paid at one and one-half (1-1/2) times the regular contract rate from 11:00 p.m. the day prior to the Holiday through 11:00 p.m. of the actual Holiday.
- 2.8.1.9 If the PHD requests an LPN for coverage and an RN is sent, instead, PHD shall be responsible for the LPN hourly wage.

2.8.2 TIME SHEET PROCEDURES

2.8.2.1 At the end of each shift, the Contractor's employee must present a Contractor timesheet to the PHD nurse manager or supervisor for signature, for the hours worked.

2.8.2.2 A clean and valid timesheet must reflect the following information:

2.8.2.2.1 Printed name of Contract employee.

2.8.2.2.2 Facility location and cost center.

2.8.2.2.3 Time in and time out worked.

2.8.2.2.4 Total hours worked.

2.8.2.2.5 Signature of Contract employee.

2.8.2.2.6 Signature of authorized PHD employee.

2.8.3 DENIAL OF CLAIM FOR PAYMENT

The Contractor understands and agrees that the County will not honor any claim for payment that is submitted six months after the date of service.

2.8.4 TEMP TO HIRE FEES

Should a Contractor's employee apply for and be hired for a permanent position with Maricopa County, the County (or PHD) will not compensate the Contractor in any way. Temp-to-hire fees will not be paid. The only fees that will be paid are for hours worked in accordance with this contract.

2.8.5 The County (or PHD) will not pay any dollar amount as compensation to the Contractor if a Contractor's employee applies for and is hired by the County for a permanent position.

3.0 **SPECIAL TERMS & CONDITIONS:**

3.1 CONTRACT LENGTH:

This Invitation For Bids is for awarding a firm, fixed price purchasing contract to cover a two (2) year period.

3.2 OPTION TO EXTEND:

The County may, at their option and with the approval of the Contractor, may extend the period of this Contract up to a maximum of three (3), one (1) year options. The Contractor shall be notified in writing by the Materials Management Department of the County's intention to extend the contract period at least thirty (30) calendar days prior to the expiration of the original contract period.

3.3 INDEMNIFICATION AND INSURANCE:

3.3.1 INDEMNIFICATION

To the fullest extent permitted by law, the **CONTRACTOR** shall defend, indemnify, and hold harmless the **COUNTY**, its agents, representatives, officers, directors, officials, and employees from and against all claims, damages, losses and expenses, including but not limited to attorney fees, court costs, expert witness fees, and the cost of appellate proceedings, relating to, arising out of, or alleged to have resulted from the acts, errors, omissions or mistakes relating to the performance of this Contract. **CONTRACTOR'S** duty to defend, indemnify and hold harmless the **COUNTY**, its agents, representatives, officers, directors, officials, and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property, including loss of use resulting therefrom, caused by any acts, errors, omissions or mistakes in the performance of this Contract including any person for whose acts, errors, omissions or mistakes, the **CONTRACTOR** may be legally liable.

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

Abrogation of Arizona Revised Statutes Section 34-226:

In the event that A.R.S. § 34-226 shall be repealed or held unconstitutional or otherwise invalid by a court of competent jurisdiction, then to the fullest extent permitted by law, the **CONTRACTOR** shall defend, indemnify and hold harmless the **COUNTY**, its agents, representatives, officers, directors, officials and employees from and against all claims, damages, losses and expenses (including but not limited to attorney fees, court costs, and the cost of appellate proceedings), relating to, arising out of, or resulting from **CONTRACTOR'S** work or services. **CONTRACTOR'S** duty to defend, indemnify and hold harmless, the **COUNTY**, its agents, representatives, officers, directors, officials and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, injury to, impairment or destruction of property including loss of use resulting therefrom, caused in whole or in part by any act or omission of the **CONTRACTOR**, anyone **CONTRACTOR** directly or indirectly employs or anyone for whose acts **CONTRACTOR** may be liable, regardless of whether it is caused in part by a party indemnified hereunder, including the **COUNTY**.

The amount and type of insurance coverage requirements set forth below will in no way be construed as limiting the scope of the indemnity in this paragraph.

The scope of this indemnification does not extend to the sole negligence of the **COUNTY**.

3.3.2 INSURANCE REQUIREMENTS:

CONTRACTOR, at **CONTRACTOR'S** own expense, shall purchase and maintain the herein stipulated minimum insurance with companies duly licensed, possessing a current A.M. Best, Inc. Rating of B++6, or approved unlicensed companies in the State of Arizona with policies and forms satisfactory to the **COUNTY**.

All insurance required herein shall be maintained in full force and effect until all work or service required to be performed under the terms of the Contract is satisfactorily completed and formally accepted. Failure to do so may, at the sole discretion of the **COUNTY**, constitute a material breach of this Contract.

The **CONTRACTOR'S** insurance shall be primary insurance as respects the **COUNTY**, and any insurance or self-insurance maintained by the **COUNTY** shall not contribute to it.

Any failure to comply with the claim reporting provisions of the insurance policies or any breach of an insurance policy warranty shall not affect coverage afforded under the insurance policies to protect the **COUNTY**.

The insurance policies may provide coverage, which contains deductibles or self-insured retentions. Such deductible and/or self-insured retentions shall not be applicable with respect to the coverage provided to the **COUNTY** under such policies. The **CONTRACTOR** shall be solely responsible for the deductible and/or self-insured retention and the **COUNTY**, at its option, may require the **CONTRACTOR** to secure payment of such deductibles or self-insured retentions by a surety bond or an irrevocable and unconditional letter of credit.

The **COUNTY** reserves the right to request and to receive, within 10 working days, certified copies of any or all of the herein required insurance policies and/or endorsements. The **COUNTY** shall not be obligated, however, to review such policies and/or endorsements or to advise **CONTRACTOR** of any deficiencies in such policies and endorsements, and such receipt shall not relieve **CONTRACTOR** from, or be deemed a waiver of the **COUNTY'S** right to insist on strict fulfillment of **CONTRACTOR'S** obligations under this Contract.

The insurance policies required by this Contract, except Workers' Compensation, shall name the **COUNTY**, its agents, representatives, officers, directors, officials and employees as Additional Insureds.

The policies required hereunder, except Workers' Compensation, shall contain a waiver of transfer of rights of recovery (subrogation) against the **COUNTY**, its agents, representatives, officers, directors, officials and employees for any claims arising out of **CONTRACTOR'S** work or service.

- 3.3.3 Commercial General Liability. **CONTRACTOR** shall maintain Commercial General Liability insurance with a limit of not less than \$1,000,000 for each occurrence with a \$2,000,000 Products/Completed Operations Aggregate and a \$2,000,000 General Aggregate Limit. The policy shall include coverage for bodily injury, broad form property damage, personal injury, products and completed operations and blanket contractual coverage including, but not limited to, the liability assumed under the indemnification provisions of this Contract which coverage will be at least as broad as Insurance Service Office, Inc. Policy Form CG 00 01 10 93 or any replacements thereof. The coverage shall include X, C, U.

The policy shall contain a severability of interest provision, and shall not contain a sunset provision or commutation clause, or any provision, which would serve to limit third party action over claims.

The Commercial General Liability additional insured endorsement shall be at least as broad as the Insurance Service Office, Inc.'s Additional Insured, CG 20 10 11 85, and shall include coverage for **CONTRACTOR'S** operations and products and completed operations.

If the **CONTRACTOR** subcontracts any part of the work, services or operations awarded to the **CONTRACTOR**, he shall purchase and maintain, at all times during prosecution of the work, services or operations under this Contract, an Owner's and **CONTRACTOR'S** Protective Liability insurance policy for bodily injury and property damage, including death, which may arise in the prosecution of the **CONTRACTOR'S** work, service or operations under this Contract. Coverage shall be on an occurrence basis with a limit not less than \$1,000,000 per occurrence, and the policy shall be issued by the same insurance company that issues the **CONTRACTOR'S** Commercial General Liability insurance.

- 3.3.4 Workers' Compensation. The **CONTRACTOR** shall carry Workers' Compensation insurance to cover obligations imposed by federal and state statutes having jurisdiction of **CONTRACTOR'S** employees engaged in the performance of the work or services, as well as Employer's Liability insurance of not less than \$1,000,000 for each accident, \$1,000,000 disease for each employee, and \$1,000,000 disease policy limit.

In case any work is subcontracted, the **CONTRACTOR** will require the Subcontractor to provide Workers' Compensation and Employer's Liability insurance to at least the same extent as required of the **CONTRACTOR**.

3.4 CERTIFICATES OF INSURANCE

Prior to commencing work or services under this Contract, **CONTRACTOR** shall furnish, **upon request**, the **COUNTY** with Certificates of Insurance, or formal endorsements as required by the Contract, issued by **CONTRACTOR'S** insurer(s), as evidence that policies providing the required coverages, conditions and limits required by this Contract are in full force and effect. Such certificates shall identify this contract number and title.

In the event any insurance policy (ies) required by this contract is (are) written on a "claims made" basis, coverage shall extend for two years past completion and acceptance of the **CONTRACTOR'S** work or services and as evidenced by annual Certificates of Insurance.

If a policy does expire during the life of the Contract, a renewal certificate must be sent to the **COUNTY** fifteen (15) days prior to the expiration date.

3.5 CANCELLATION AND EXPIRATION NOTICE

Insurance required herein shall not expire, be canceled, or materially changed without thirty (30) days prior written notice to the **COUNTY**.

3.6 TERMS AND PAYMENT:

Payment under contract will be made in the manner provided by law. Invoices shall be prepared and submitted in accordance with the instructions provided on the Purchase Order. Invoices shall contain the following information: Purchase Order number, item numbers, description of supplies and or/services, sizes, quantities, unit prices and extended totals and applicable sales/use tax. The County is not subject to excise tax.

3.7 USAGE REPORT:

The Contractor shall furnish the County, upon request, a quarterly usage report delineating the acquisition activity governed by the Contract. The format of the report shall be approved by the County and shall disclose the quantity and dollar value of each contract item by individual unit.

3.8 FACILITIES:

During the course of this Agreement, the County shall provide the Contractor's personnel with adequate work space for consultants and such other related facilities as may be required by Contractor to carry out its obligation enumerated herein.

3.9 PROCUREMENT CARD ORDERING CAPABILITY:

It is the intent of Maricopa County to utilize the Bank of America MC Procurement Card or other procurement card that may be used by the County from time to time, to place and make payment for orders under this Contract. Bidders without this capability may be considered non-responsive and not eligible for award consideration.

Purchase Card Clarification.

Maricopa County's Bank of America Purchase Card program is based on the MasterCard charge card. There is no charge from Maricopa County for the program, any costs or charges to the vendor or contractor will be based on the transaction dollar amount and is from the Vendors/contractors servicing Bank. The vendor/contractor should contact their bank to arrange for the acceptance and information concerning any charges to use this program.

The advantages of accepting the purchase card for payment are as follows.

1. The bank pays the vendor/contractor in 48 to 72 hours versus 30 days from Maricopa County.
2. The vendor/contractor does not have to invoice Maricopa County.
3. The vendor/contractor does not have to carry that transaction in their account receivable.

Maricopa County offers this opportunity only to vendors/contractors that are not 1099 reportable to the Internal Revenue Service. Maricopa County will be asking those vendors/contractors that are offered this opportunity to give the County a prompt payment discount.

3.10 PROMPT PAYMENT DISCOUNT:

Maricopa County, through its "Purchase Card Process" has initiated changes that are intended to both improve and expedite the purchasing and payment process. In light of these efforts, Bidders are strongly encouraged to offer Maricopa County prompt payment discounts for this service and take into consideration receipt of payment with seventy-two (72) hours from time of payment processing. Discounts offered will be considered in the evaluation price analysis process.

3.11 INTERNET ORDERING CAPABILITY:

It is the intent of Maricopa County to utilize the Internet to place orders under this Contract. Proposers without this capability may be considered non-responsive and not eligible for award consideration.

3.12 INQUIRIES:

All inquiries concerning information contained herein shall be addressed to:

MARICOPA COUNTY
DEPARTMENT OF MATERIALS MANAGEMENT
ATTN: CONTRACT ADMINISTRATION
320 WEST LINCOLN
PHOENIX AZ 85003

Administrative telephone inquiries shall be addressed to:

STAN FISHER, SENIOR PROCUREMENT CONSULTANT – (602) 506-3274

Inquiries may be submitted by telephone but must be followed up in writing. No oral communication is binding on Maricopa County.

4.0 **CONTRACT TERMS AND CONDITIONS:**

4.1 LANGUAGE FOR REQUIREMENTS CONTRACTS:

Contractors signify their understanding and agreement by signing this document, that the Contract resulting from this bid will be a requirements contract. However, this Contract does not guarantee that any purchases will be made. It only indicates that if purchases are made for the services contained in this Contract, that they will be purchased from the Contractor awarded that item. Orders will only be placed when a need is identified by a Using Agency or Department and proper authorization and documentation have been approved.

4.2 ESCALATION:

Any requests for price adjustments must be submitted sixty (60) days prior to the anniversary date/contract renewal date. Justification for the requested adjustment in cost of labor and/or materials must be accompanied by appropriate documentation. Escalation (price increase requests) shall not exceed a percentage of increase greater than the findings of a local market survey of like personnel positions conducted by Materials Management. Increases shall be approved in writing by the Materials Management Department prior to any adjusted invoicing for payment

4.3 UNCONDITIONAL TERMINATION FOR CONVENIENCE:

Maricopa County may terminate the resultant Contract for convenience by providing sixty (60) calendar days advance notice to the Contractor.

4.4 TERMINATION FOR DEFAULT:

If the Contractor fails to meet deadlines, or fails to provide the agreed upon service/material altogether, a termination for default will be issued. The termination for default will be issued only after it is deemed by the County, that the Contractor has failed to remedy the problem after being forewarned.

4.5 TERMINATION BY THE COUNTY:

If the Contractor should be adjudged bankrupt or should make a general assignment for the benefit of its creditors, or if a receiver should be appointed on account of its insolvency, the County may terminate this Contract. If the Contractor should persistently or repeatedly refuse or should fail, except in cases for which extension of time is provided, to provide enough properly skilled workers or proper materials, or persistently disregard laws and ordinances, or not proceed with work or otherwise be guilty of, a substantial violation of any provision of this Contract, then the County may terminate this Contract. Prior to termination of this Contract, the County shall give the Contractor fifteen (15) calendar days written notice. Upon receipt of such termination notice, the Contractor shall be allowed fifteen (15) calendar days to cure such deficiencies.

4.6 APPROPRIATION CONTINGENCY:

The Contractor recognized that any agreement entered into shall commence upon the day first provided and continued in full force and effect until termination in accordance with its provisions. The Contractor and the County herein recognized that the continuation of any contract after the close of any given fiscal year of the County which fiscal years end on June 30 of each year, shall be subject to the approval of the budget of the County providing for or covering such contract item as an expenditure therein. The County does not represent that said budget item will be actually adopted, said determination being the determination of the County Board of Supervisors at the time of the adoption of the budget.

4.7 ORGANIZATION - EMPLOYMENT DISCLAIMER:

The Contract is not intended to constitute, create, give rise to or otherwise recognize a joint venture contract or relationship, partnership or formal business organization of any kind, and the rights and obligations of the parties shall be only those expressly set forth in the Contract.

The parties agree that no persons supplied by the Contractor(s) in the performance of obligations under the contract are considered to be County employees, and that no rights of County civil service, retirement or personnel rules accrue to such persons. The Contractor(s) shall have total responsibility for all salaries, wages, bonuses, retirement withholdings, workmen's compensation, other employee benefits and all taxes and premiums appurtenant thereto concerning such persons, and shall save and hold the County harmless with respect thereto.

4.8 STATUTORY RIGHT OF CANCELLATION FOR CONFLICT OF INTEREST:

Notice is given that pursuant to A.R.S. § 38-511 the County may cancel this Contract without penalty or further obligation within three years after execution of the contract, if any person significantly involved in initiating, negotiating, securing, drafting or creating the contract on behalf of the County is at any time while the Contract or any extension of the Contract is in effect, an employee or agent of any other party to the contract in any capacity or consultant to any other party of the Contract with respect to the subject matter of the Contract. Additionally, pursuant to A.R.S. § 38-511 the County may recoup any fee or commission paid or due to any person significantly involved in initiating, negotiating, securing, drafting or creating the contract on behalf of the County from any other party to the contract arising as the result of the contract.

4.9 OFFSET FOR DAMAGES:

In addition to all other remedies at Law or Equity, the County may offset from any money due to the Contractor any amounts Contractor owes to the County for damages resulting from breach or deficiencies in performance under this contract.

4.10 ADDITIONS/DELETIONS OF SERVICE:

The County reserves the right to add and/or delete services to this Contract. Should a service requirement be deleted, payment to the Contractor will be reduced proportionally, to the amount of service reduced in accordance with the bid price. Should additional services be required from this Contract, prices for such additions will be negotiated between the Contractor and the County.

4.11 SUBCONTRACTING:

The Contractor may not assign this Contract or Subcontract to another party for performance of the terms and conditions hereof without the written consent of the County. All correspondence authorizing subcontracting must reference the Bid Serial Number and identify the job project.

The Subcontractor's rate for the job shall not exceed that of the Prime Contractor's rate, as bid in the pricing section, unless the Prime Contractor is willing to absorb any higher rates. The Subcontractor's invoice shall be invoiced directly to the Prime Contractor, who in turn shall pass-through the costs to the County, without mark-up. A copy of the Subcontractor's invoice must accompany the Prime Contractor's invoice.

4.12 AMENDMENTS:

All amendments to this Contract must be in writing and signed by both parties.

4.13 CONFORMATION WITH THE LAW:

This service shall be accomplished in conformity with the laws, ordinances, rules, regulations and zoning restrictions of the United States of America, the State of Arizona, County of Maricopa, and the City of Phoenix.

4.14 CONTRACT COMPLIANCE MONITORING:

The Materials Management Department and the using Agency (ies) shall monitor the Contractors compliance with, and performance under, the terms and conditions of the Contract. The Contractor shall make available for inspection and/or copying by the County all records and accounts relating to the work performed or the services provided in this Contract.

4.15 RETENTION OF RECORDS:

The Contractor agrees to retain all financial books, records, and other documents relevant to this Contract for five (5) years after final payment or until after the resolution of any audit questions which could be more than five (5) years, whichever is longer. The Department, Federal or State auditors and any other persons duly authorized by the Department shall have full access to, and the right to examine, copy and make use of any and all said materials.

4.16 ADEQUACY OF RECORDS:

If the Contractor's books, records and other documents relevant to this Contract are not sufficient to support and document that allowable services were provided. The Contractor shall reimburse Maricopa County for the services not so adequately supported and documented.

4.17 AUDIT DISALLOWANCES:

If at any time it is determined by the Department that a cost for which payment has been made is a disallowed cost, the Department shall notify the Contractor in writing of the disallowance and the required course of action, which shall be at the option of the Department either to adjust any future claim submitted by the Contractor by the amount of the disallowance or to require repayment of the disallowed amount by the Contractor forthwith issuing a check payable to Maricopa County.

4.18 P.O. CANCELLATION LANGUAGE:

The Department of Materials Management reserves the right to cancel Purchase Orders within a reasonable period of time after issuance. Should a Purchase Order be canceled, the County agrees to reimburse the Contractor but only for actual and documentable costs incurred by the Contractor due to and after issuance of the Purchase Order. The County will not reimburse the Contractor for any costs incurred after receipt of County notice of cancellation, or for lost profits, shipment of product prior to issuance of Purchase Order, etc.

Contractors agree to accept verbal notification of cancellation from the Department of Materials Management with written notification to follow. By submitting a bid in response to this Invitation For Bids, the Contractor specifically acknowledges to be bound by this cancellation policy.

4.19 VALIDITY:

The invalidity, in whole or in part, of any provision of this Contract shall not void or affect the validity of any other provision of this Contract.

4.20 CONTRACTOR RESPONSIBILITY:

The Contractor will be responsible for any damages whatsoever to County property as applicable when such property is the responsibility or in the custody of the Contractor, his employees or Subcontractors.

4.21 DELIVERY:

It shall be the Contractor responsibility to meet the County's delivery requirements, as called for in the Technical Specifications. Maricopa County reserves the right to obtain services on the open market in the event the Contractor fails to make delivery and any price differential will be charged against the Contractor.

4.22 PRICE REDUCTIONS:

By submitting a bid in response to this solicitation, Contractors agree to guarantee that Maricopa County is receiving the lowest price offered by your company to other customers for similar services at comparable volumes in a similar geographic area. If at any time during the contract period your company offers a lower price to another customer, **SIMILAR PRICES SHALL BE EXTENDED TO MARICOPA COUNTY** If a notification IS not made of said price reductions, upon discovery Maricopa County shall reserve the right to take any or all of the following actions:

4.22.1 Cancel the Contract, if it is currently in effect.

4.22.2 Determine the amount which the County was overcharged and submit a request for payment from the Contractor for that amount.

4.22.3 Take the necessary steps to collect any performance surety provided on the applicable contract.

4.23 RIGHTS IN DATA:

The County shall have the use of data and reports resulting from this Contract without additional cost or other restriction except as may be established by law or applicable regulation. Each party shall supply to the other party, upon request, any available information that is relevant to this Contract and to the performance hereunder.

4.24 SECURITY AND PRIVACY:

The Contractor agrees that none of its officers or employees shall use or reveal any research or statistical information furnished by any person and identifiable to any specific private person for any purpose other than the purpose for which it was obtained. Copies of such information shall not, without the consent of the person furnishing such information, be admitted as evidence or used for any purpose in any action, suit, or other judicial or administrative proceedings, unless ordered by a court of competent jurisdiction. The County shall be notified immediately upon receipt of any such order of court, pertaining to production of such information.

The Contractor shall incorporate the foregoing provisions of this paragraph in all of its authorized subcontracts.

CARESTAF, 5251 N. 16TH ST., STE 120, PHOENIX, AZ 85016

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

ACCEPT PROCUREMENT CARD: ☒ YES ☐ NO

REBATE (CASH OR CREDIT) FOR UTILIZING PROCUREMENT CARD: ☐ YES ☒ NO ☐ % REBATE
(Payment shall be made within 48 hrs utilizing the Purchasing Card)

INTERNET ORDERING CAPABILITY: ☐ YES ☐ NO ☐ % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☐ YES ☐ NO

PRICING:

NOTE: DO NOT INCLUDE SALES/USE TAX IN YOUR BID PRICE. The percentage of sales/use tax applicable to this contract will be listed on the purchase order and allowed at time of payment. BIDDERS CERTIFY BY SIGNING THIS AGREEMENT THAT PRICES BID ARE F.O.B. DESTINATION IN ACCORDANCE WITH THE TERMS AND CONDITIONS SET FORTH HEREIN.

PRICING: P080502 / ~~B064172~~ B0604172

(2) Licensed Practical Nurse: Administers medications, injections, patient care treatments and completes and/or assists with procedures, including resuscitation, first aid and basic life support. Will document assessments and evaluations and obtain lab specimens through venipuncture. Must possess current BLS certificate and basic first aid.

SECONDARY AWARDS

\$ 33.00 weekdays
\$ 36.00 weekdays /hr

(6) Nursing Assistant: Prepares patients for examination and treatment. Takes patient histories, vital signs and records chief complaints. Performs office procedures. Maintains adequate supplies for exam/procedure rooms. Documentation of patient care. Contribute to teamwork. Must possess current BLS certification and basic first aid.

PRIMARY AWARD

\$19.00 weekdays
\$22.00 weekdays /hr

Terms: 2% 10 DAYS NET 30

Federal Tax ID Number: 75-2649689

Telephone Number: 602/ 274 3400

Fax Number: 602/ 234-0577

Contact Person: Lynn Janson

Vendor Number: 75-2649689 E

E-mail Address: sylviaaw@managementservices.com

Contract Period: To cover the period ending **July 31, 2003.**

CARRIGAN'S REGISTRY, 3747 N. 24TH ST, PHOENIX, AZ 85016

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

ACCEPT PROCUREMENT CARD: ☒ YES ☐ NO

REBATE (CASH OR CREDIT) FOR UTILIZING PROCUREMENT CARD: ☐ YES ☒ NO ☐ % REBATE
(Payment shall be made within 48 hrs utilizing the Purchasing Card)

INTERNET ORDERING CAPABILITY: ☒ YES ☐ NO ☐ % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☐ YES ☒ NO

PRICING:

NOTE: DO NOT INCLUDE SALES/USE TAX IN YOUR BID PRICE. The percentage of sales/use tax applicable to this contract will be listed on the purchase order and allowed at time of payment. BIDDERS CERTIFY BY SIGNING THIS AGREEMENT THAT PRICES BID ARE F.O.B. DESTINATION IN ACCORDANCE WITH THE TERMS AND CONDITIONS SET FORTH HEREIN.

PRICING: P080502 / ~~B064172~~ B0604172

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| <p>(3) Medical Assistant: Prepares patients for examination and treatment, takes patient histories, vital signs and records chief complaints. Performs office procedures, tests and examinations. Maintains adequate supplies for exam/procedure rooms. Transcribes provider orders, schedules return appointments. Administers injections, immunizations and skin TB test per protocol. Performs venipunctures and lab tests. Contribute to team work and unit organization. Documentation of patient care. Must possess current BLS certificate and basic first aid.</p> | <p>SECONDARY AWARD</p> <p>\$ 22.00 /hr</p> |
| <p>(4) Medical Records Clerk/Technician: Process requests for release of medical record information. Handles various telephone inquiries. Retrieval of medical records. File active and inactive medical records. Purge inactive medical records. Process abnormal lab results, order supplies and performs other duties as assigned.</p> | <p>SECONDARY AWARD</p> <p>\$ 22.00 /hr</p> |
| <p>(5) Medical Secretary: Required to input patient information. Must be computer literate; proficient in MS Word; and type 70 wpm. Assemble, disassemble and maintain medical records. Takes off provider orders, complete forms and requisitions, files, locate and retrieve charts. Answers phone; takes messages; provides information to physicians, nurses, medical/nursing assistants and patient care assistants. Contribute to teamwork.</p> | <p>PRIMARY AWARD</p> <p>\$ 21.00 /hr</p> |
| <p>(7) Patient Care Assistant: Assist provider and nursing staff. Maintain unit logs and records. Documentation of patient care. Maintain adequate supplies for exam/procedure rooms. Computer literate – MS Word documents. Assemble, disassemble and maintain medical records. Take off provider orders. Perform venipuncture for labs and prepares specimens. Maintains lab area. Must possess current BLS certificate and first aid.</p> | <p>SECONDARY AWARD</p> <p>\$ 22.00 /hr</p> |

CARRIGAN'S REGISTRY, 3747 N. 24TH ST, PHOENIX, AZ 85016

(11) Registered Nurse (Medical): Perform client assessments, implement plan of care, initiate interventions, evaluate intervention outcome and report change of client condition to appropriate person(s). Administer medications and injections and complete and/or assist with procedures, including resuscitation, first aid and basic life support. Must be IV therapy competent. Obtain lab specimens through venipunctures. Document assessments and evaluations. Must possess current BLS certificate and basic first aid. Contribute to teamwork.

PRIMARY AWARD
\$ 41.00 /hr

Terms:	NET 30
Federal Tax ID Number:	86-0580348
Telephone Number:	602/ 778-9905
Fax Number:	602/ 778-9905
Contact Person:	Alice Carrigan
Vendor Number:	86-0580348 A
E-mail Address:	barry@carrigans.com
Contract Period:	To cover the period ending July 31, 2003 .

CYPRESS STAFFING SERVICES, 5225 N. CENTRAL AVE, STE 212, PHOENIX, AZ 85012

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

ACCEPT PROCUREMENT CARD: ☒ YES ☐ NO

REBATE (CASH OR CREDIT) FOR UTILIZING PROCUREMENT CARD: ☒ YES ☐ NO % REBATE
(Payment shall be made within 48 hrs utilizing the Purchasing Card)

INTERNET ORDERING CAPABILITY: ☒ YES ☐ NO % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING:

NOTE: DO NOT INCLUDE SALES/USE TAX IN YOUR BID PRICE. The percentage of sales/use tax applicable to this contract will be listed on the purchase order and allowed at time of payment. BIDDERS CERTIFY BY SIGNING THIS AGREEMENT THAT PRICES BID ARE F.O.B. DESTINATION IN ACCORDANCE WITH THE TERMS AND CONDITIONS SET FORTH HEREIN.

PRICING: P080502 / ~~B064172~~ B0604172

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| <p>(2) Licensed Practical Nurse: Administers medications, injections, patient care treatments and completes and/or assists with procedures, including resuscitation, first aid and basic life support. Will document assessments and evaluations and obtain lab specimens through venipuncture. Must possess current BLS certificate and basic first aid.</p> | <p>PRIMARY AWARD
\$ 31.00 /hr</p> |
| <p>(3) Medical Assistant: Prepares patients for examination and treatment, takes patient histories, vital signs and records chief complaints. Performs office procedures, tests and examinations. Maintains adequate supplies for exam/procedure rooms. Transcribes provider orders, schedules return appointments. Administers injections, immunizations and skin TB test per protocol. Performs venipunctures and lab tests. Contribute to team work and unit organization. Documentation of patient care. Must possess current BLS certificate and basic first aid.</p> | <p>SECONDARY AWARD
\$ 22.00 /hr</p> |
| <p>(6) Nursing Assistant: Prepares patients for examination and treatment. Takes patient histories, vital signs and records chief complaints. Performs office procedures. Maintains adequate supplies for exam/procedure rooms. Documentation of patient care. Contribute to teamwork. Must possess current BLS certification and basic first aid.</p> | <p>SECONDARY AWARD
\$ 20.00 /hr</p> |
| <p>(7) Patient Care Assistant: Assist provider and nursing staff. Maintain unit logs and records. Documentation of patient care. Maintain adequate supplies for exam/procedure rooms. Computer literate – MS Word documents. Assemble, disassemble and maintain medical records. Take off provider orders. Perform venipuncture for labs and prepares specimens. Maintains lab area. Must possess current BLS certificate and first aid.</p> | <p>PRIMARY AWARD
\$ 18.00 /hr</p> |

CYPRESS STAFFING SERVICES, 5225 N. CENTRAL AVE, STE 212, PHOENIX, AZ 85012

Terms:	1% 10 DAYS NET 30
Federal Tax ID Number:	86-0940250
Telephone Number:	602/ 264-8009
Fax Number:	602/ 279-6333
Contact Person:	Shelly Davidson/Joseph Roth
Vendor Number:	860940250
E-mail Address:	shellydavidson@cypresscompanies.com
Contract Period:	To cover the period ending July 31, 2003.

DEPENDABLE NURSES OF PHOENIX, 2601 E. THOMAS RD., STE 230, PHOENIX, AZ 85016

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

ACCEPT PROCUREMENT CARD: ☒ YES ☐ NO

REBATE (CASH OR CREDIT) FOR UTILIZING PROCUREMENT CARD: ☐ YES ☒ NO ☐ % REBATE
(Payment shall be made within 48 hrs utilizing the Purchasing Card)

INTERNET ORDERING CAPABILITY: ☒ YES ☐ NO ☐ % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING:

NOTE: DO NOT INCLUDE SALES/USE TAX IN YOUR BID PRICE. The percentage of sales/use tax applicable to this contract will be listed on the purchase order and allowed at time of payment. BIDDERS CERTIFY BY SIGNING THIS AGREEMENT THAT PRICES BID ARE F.O.B. DESTINATION IN ACCORDANCE WITH THE TERMS AND CONDITIONS SET FORTH HEREIN.

PRICING: P080502 / ~~B064172~~ B0604172

(7) Patient Care Assistant: Assist provider and nursing staff. Maintain unit logs and records. Documentation of patient care. Maintain adequate supplies for exam/procedure rooms. Computer literate – MS Word documents. Assemble, disassemble and maintain medical records. Take off provider orders. Perform venipuncture for labs and prepares specimens. Maintains lab area. Must possess current BLS certificate and first aid.

SECONDARY AWARD
\$ 24.00 /hr

Terms: NET 30

Federal Tax ID Number: 86-0828641

Telephone Number: 602/ 222-9130

Fax Number: 602/ 265-7583

Contact Person: Judith Hayter

Vendor Number: 860828641

E-mail Address: j.hayther@dependablenurses.com

Contract Period: To cover the period ending **July 31, 2003.**

2200 E. CAMELBACK RD, STE #230, PHOENIX, AZ 85016

INTELISTAF HEALTHCARE, 711 E. MISSOURI ST., STE. 130, PHOENIX, AZ 85014WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NOACCEPT PROCUREMENT CARD: ☒ YES ☐ NOREBATE (CASH OR CREDIT) FOR UTILIZING PROCUREMENT CARD: ☒ YES ☐ NO % REBATE
(Payment shall be made within 48 hrs utilizing the Purchasing Card)INTERNET ORDERING CAPABILITY: ☒ YES ☐ NO % DISCOUNTOTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING:

NOTE: DO NOT INCLUDE SALES/USE TAX IN YOUR BID PRICE. The percentage of sales/use tax applicable to this contract will be listed on the purchase order and allowed at time of payment. BIDDERS CERTIFY BY SIGNING THIS AGREEMENT THAT PRICES BID ARE F.O.B. DESTINATION IN ACCORDANCE WITH THE TERMS AND CONDITIONS SET FORTH HEREIN.

PRICING: P080502 / ~~B064172~~ B0604172

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| (2) Licensed Practical Nurse: Administers medications, injections, patient care treatments and completes and/or assists with procedures, including resuscitation, first aid and basic life support. Will document assessments and evaluations and obtain lab specimens through venipuncture. Must possess current BLS certificate and basic first aid. | SECONDARY AWARD
\$ 33.50 /hr |
| (4) Medical Records Clerk/Technician: Process requests for release of medical record information. Handles various telephone inquiries. Retrieval of medical records. File active and inactive medical records. Purge inactive medical records. Process abnormal lab results, order supplies and performs other duties as assigned. | SECONDARY AWARD
\$ 20.50 /hr |
| (6) Nursing Assistant: Prepares patients for examination and treatment. Takes patient histories, vital signs and records chief complaints. Performs office procedures. Maintains adequate supplies for exam/procedure rooms. Documentation of patient care. Contribute to teamwork. Must possess current BLS certification and basic first aid. | SECONDARY AWARD
\$ 21.50 /hr |
| (8) Pharmacist: Dispense and fill medication orders written by PH medical staff and community physicians | PRIMARY AWARD
\$ 74.00 /hr |
| Hourly rates changed effective 6/10/02 | |
| Day shift | \$ 67.40 /hr |
| Evening shift | \$ 68.40 /hr |
| Night shift | \$ 69.40 /hr |
| (9) Pharmacy Technician: Assist the pharmacist in the processing and filling of medication orders. Must be familiar with various medications, their proper dose, use and contraindications. Must be computer literate. | PRIMARY AWARD
\$ 26.00 /hr |
| Hourly rates changed effective 6/10/02 | \$ 21.50 /hr |
| (10) Radiology Technician: Take medical x-rays, of good quality, ordered by medical providers. Must be familiar with various x-ray techniques and be able to process and develop exposed x-rays.
*Specialty Rad Tech. (CT, MRI, MAMMOGRAPHY) | SECONDARY AWARD
\$ 50.00 /hr
\$ 58.00 /hr |

2200 E. CAMELBACK RD, STE #230, PHOENIX, AZ 85016

INTELISTAF HEALTHCARE, 711 E. MISSOURI ST., STE. 130, PHOENIX, AZ 85014

(11) Registered Nurse (Medical): Perform client assessments, implement plan of care, initiate interventions, evaluate intervention outcome and report change of client condition to appropriate person(s). Administer medications and injections and complete and/or assist with procedures, including resuscitation, first aid and basic life support. Must be IV therapy competent. Obtain lab specimens through venipunctures. Document assessments and evaluations. Must possess current BLS certificate and basic first aid. Contribute to teamwork.

SECONDARY AWARD

\$ 41.50 /hr

Terms: NET 30

Federal Tax ID Number: 11-3454096

Telephone Number: 602/ 279-5600

Fax Number: 602/ 279-0434

Contact Person: ~~Sharon Foltz~~ Darlene Hanson

Vendor Number: 113454096 B

E-mail Address: dhanson@intelistaf.com

Contract Period: To cover the period ending **July 31, 2003.**

NURSES PLUS HEALTH CARE, 5039 NORTH 7TH AVE., PHOENIX, AZ 85068

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

ACCEPT PROCUREMENT CARD: ☒ YES ☐ NO

REBATE (CASH OR CREDIT) FOR UTILIZING PROCUREMENT CARD: ☒ YES ☐ NO % REBATE
(Payment shall be made within 48 hrs utilizing the Purchasing Card)

INTERNET ORDERING CAPABILITY: ☒ YES ☐ NO % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING:

NOTE: DO NOT INCLUDE SALES/USE TAX IN YOUR BID PRICE. The percentage of sales/use tax applicable to this contract will be listed on the purchase order and allowed at time of payment. BIDDERS CERTIFY BY SIGNING THIS AGREEMENT THAT PRICES BID ARE F.O.B. DESTINATION IN ACCORDANCE WITH THE TERMS AND CONDITIONS SET FORTH HEREIN.

PRICING: P080502 / ~~B064172~~ B0604172

(6) Nursing Assistant: Prepares patients for examination and treatment.

Takes patient histories, vital signs and records chief complaints. Performs office procedures. Maintains adequate supplies for exam/procedure rooms.

Documentation of patient care. Contribute to teamwork. Must possess current BLS certification and basic first aid.

SECONDARY AWARD
\$ 21.00 /hr

Terms: NET 30

Federal Tax ID Number: 86-0600169

Telephone Number: 602/ 285-0535

Fax Number: 602/ 285-0513

Contact Person: Daniel J. Belisle

Vendor Number: 860600169 A

E-mail Address: DUFBEL@aol.com

Contract Period: To cover the period ending **July 31, 2003.**

NURSING ARIZONA , 10752 N. 89TH PLACE, A104 , SCOTTSDALE, AZ 85260

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ____ YES ___X___ NO

ACCEPT PROCUREMENT CARD: ____ YES ___X___ NO

REBATE (CASH OR CREDIT) FOR UTILIZING PROCUREMENT CARD: ____ YES ___X___ NO _____ % REBATE
(Payment shall be made within 48 hrs utilizing the Purchasing Card)

INTERNET ORDERING CAPABILITY: ____ YES ___X___ NO _____ % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ___X___ YES _____ NO

PRICING:

NOTE: DO NOT INCLUDE SALES/USE TAX IN YOUR BID PRICE. The percentage of sales/use tax applicable to this contract will be listed on the purchase order and allowed at time of payment. BIDDERS CERTIFY BY SIGNING THIS AGREEMENT THAT PRICES BID ARE F.O.B. DESTINATION IN ACCORDANCE WITH THE TERMS AND CONDITIONS SET FORTH HEREIN.

PRICING: P080502 / ~~B064172~~ B0604172

(11) Registered Nurse (Medical): Perform client assessments, implement plan of care, initiate interventions, evaluate intervention outcome and report change of client condition to appropriate person(s). Administer medications and injections and complete and/or assist with procedures, including resuscitation, first aid and basic life support. Must be IV therapy competent. Obtain lab specimens through venipunctures. Document assessments and evaluations. Must possess current BLS certificate and basic first aid. Contribute to teamwork.

SECONDARY AWARD
\$ 42.95 /hr

Terms: NET 30

Federal Tax ID Number: 86-0927747

Telephone Number: 480/ 451-4279

Fax Number: 480/ 451-6247

Contact Person: Randy Paulsen

Vendor Number: 860927747 A

E-mail Address: N/A

Contract Period: To cover the period ending **July 31, 2003.**

SACRED HEART NURSING SERVICES, 3418 E. INDIAN SCHOOL RD., PHOENIX, AZ 85018

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ____ YES ___X___ NO

ACCEPT PROCUREMENT CARD: ___X___ YES _____ NO (still on the process of setting-up. We are being charged 2.8% by the bank on all deposits ± monthly charge ± \$500.00 for the machine)

REBATE (CASH OR CREDIT) FOR UTILIZING PROCUREMENT CARD: ____ YES ___X___ NO _____ % REBATE
(Payment shall be made within 48 hrs utilizing the Purchasing Card)

INTERNET ORDERING CAPABILITY: ____ YES ___X___ NO _____ % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ___X___ YES _____ NO

PRICING:

NOTE: DO NOT INCLUDE SALES/USE TAX IN YOUR BID PRICE. The percentage of sales/use tax applicable to this contract will be listed on the purchase order and allowed at time of payment. BIDDERS CERTIFY BY SIGNING THIS AGREEMENT THAT PRICES BID ARE F.O.B. DESTINATION IN ACCORDANCE WITH THE TERMS AND CONDITIONS SET FORTH HEREIN.

PRICING: P080502 / ~~B064172~~ B0604172

(2) Licensed Practical Nurse: Administers medications, injections, patient care treatments and completes and/or assists with procedures, including resuscitation, first aid and basic life support. Will document assessments and evaluations and obtain lab specimens through venipuncture. Must possess current BLS certificate and basic first aid.

SECONDARY AWARD
\$ 32.88 /hr

(11) Registered Nurse (Medical): Perform client assessments, implement plan of care, initiate interventions, evaluate intervention outcome and report change of client condition to appropriate person(s). Administer medications and injections and complete and/or assist with procedures, including resuscitation, first aid and basic life support. Must be IV therapy competent. Obtain lab specimens through venipunctures. Document assessments and evaluations. Must possess current BLS certificate and basic first aid. Contribute to teamwork.

SECONDARY AWARD
\$ 42.88 /hr

Terms: 1% 10 DAYS NET 30

Federal Tax ID Number: 86-0646551

Telephone Number: 602/ 277-8721

Fax Number: 602/ 224-1357

Contact Person: Andrea Datingaling-Panaligan

Vendor Number: 860646551

E-mail Address: SHNS@QWEST.NET

Contract Period: To cover the period ending **July 31, 2003.**

STARMED STAFFING GROUP, 3800 N CENTRAL AVE #480, PHOENIX, AZ 85012-3522
1661 E. CAMELBACK ROAD, # 154, PHOENIX, AZ 85016

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

ACCEPT PROCUREMENT CARD: ☒ YES ☐ NO

REBATE (CASH OR CREDIT) FOR UTILIZING PROCUREMENT CARD: ☒ YES ☐ NO % REBATE
 (Payment shall be made within 48 hrs utilizing the Purchasing Card)

INTERNET ORDERING CAPABILITY: ☒ YES ☐ NO % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING:

NOTE: DO NOT INCLUDE SALES/USE TAX IN YOUR BID PRICE. The percentage of sales/use tax applicable to this contract will be listed on the purchase order and allowed at time of payment. BIDDERS CERTIFY BY SIGNING THIS AGREEMENT THAT PRICES BID ARE F.O.B. DESTINATION IN ACCORDANCE WITH THE TERMS AND CONDITIONS SET FORTH HEREIN.

PRICING: P080502 / ~~B064172~~ B0604172

- | | |
|--|---|
| <p>(3) Medical Assistant: Prepares patients for examination and treatment, takes patient histories, vital signs and records chief complaints. Performs office procedures, tests and examinations. Maintains adequate supplies for exam/procedure rooms. Transcribes provider orders, schedules return appointments. Administers injections, immunizations and skin TB test per protocol. Performs venipunctures and lab tests. Contribute to team work and unit organization. Documentation of patient care. Must possess current BLS certificate and basic first aid.</p> | <p>PRIMARY AWARD
\$ 18.50 /hr</p> |
| <p>(4) Medical Records Clerk/Technician: Process requests for release of medical record information. Handles various telephone inquiries. Retrieval of medical records. File active and inactive medical records. Purge inactive medical records. Process abnormal lab results, order supplies and performs other duties as assigned.</p> | <p>PRIMARY AWARD
\$ 16.80 /hr</p> |
| <p>(5) Medical Secretary: Required to input patient information. Must be computer literate; proficient in MS Word; and type 70 wpm. Assemble, disassemble and maintain medical records. Takes off provider orders, complete forms and requisitions, files, locate and retrieve charts. Answers phone; takes messages; provides information to physicians, nurses, medical/nursing assistants and patient care assistants. Contribute to teamwork.</p> | <p>SECONDARY AWARD
\$ 23.00 /hr</p> |
| <p>(10) Radiology Technician: Take medical x-rays, of good quality, ordered by medical providers. Must be familiar with various x-ray techniques and be able to process and develop exposed x-rays.</p> | <p>PRIMARY AWARD
\$ 40.70 /hr</p> |

STARMED STAFFING GROUP, 3800 N CENTRAL AVE #480, PHOENIX, AZ 85012-3522
1661 E. CAMELBACK ROAD, # 154, PHOENIX, AZ 85016

Terms: 2% 10 DAYS NET 30

Federal Tax ID Number: 59-3297579

Telephone Number: 602/ 265-6862

Fax Number: 602/ 265-7790

Contact Person: ~~Mary Jane Duvall~~ **Shelley Olmsted**

Vendor Number: 593297579 B

E-mail Address: phoenixaz@starmedperdiem.com

Contract Period: To cover the period ending **July 31, 2003.**